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PTO/SB/30 (10/2001)

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## REQUESTILOGY CENTER 2800 **FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Commissioner for Patents **Box RCE** Washington, DC 20231

Application Number	09/881,005
Filing Date	June 14, 2001
First Named Inventor	Michio Horiuchi
Art Unit	2811
Examiner Name	Douglas W. Owens
Attorney Docket Number	149-01

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.

		<del></del>				
1. Submission re	quired under 37 CFR	R §1.114				
a.   Previously s	ubmitted		,			
i. 🔲 Consider th	e amendment(s)/reply und	der 37 CFR	§1.116 previously	filed on		
(Any unente	ered amendment(s) referre	ed to above	will be entered).			
ii. 🔲 Consider	the arguments in the	Appeal E	Brief or Reply B	rief pre	viously filed on	
iii. 🔲 Other						
b. 🛛 Enclosed						
	dment/Reply	iii. 🔲		Disclosu	ire Statement (IDS)	
ii. 🔲 Affida	vit(s)/Declaration(s)	iv. 🔲	Other			
2. Miscellaneous						`
a. 🛘 Suspension	of action on the above	ve-identifie	ed application is	s reque	sted under 37 CFR	§1.103(c) for
	months (Period of s	suspension :	shall not exceed 3	months;	Fee under 37 CFR§1.17	(i) required)
b. Other		•				
	fee under 37 CFR §1.17(6					
	r is hereby authorized	to charge	e the following	fees, or	credit any overpayr	ments, to
Deposit Acc		OED 64.4	17/-)			
	ee required under 37	•	` '			
iii. 🔲 Extens	sion of time fee (37 CF	·R 991,136	and 1.17)			
	amount of \$ 750.00		enclosed			-
	credit card (Form PTO					
	Information on this fo			Credit c	ard information shou	ıld not
	on this form. Provide					
	SIGNATURE OF A	APPLICAN	IT, ATTORNEY,	OR AG	ENT REQUIRED	
Name (Print / Type)	Name (Print / Type) Derek S. Jessen		·	Registration No. (Attorney / Agent)		48,213
Signature	Signature Verde 5 Jerm		Date	June 16, 2003	48,213	
	CERTIFI	CATE OF	MAILING OR TR	RANSMI	SSION	
I hereby certify that this cor in envelope addressed to: indTrademark						
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David Harris Chalanna de Title	form in antimorphy data Anti-					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

Eff	ective January 1, 20	MATION RE	CORD			•
	AS FILED - PART (Column 1)	i i		ENTITY	ОТ	HER THAI
TOTAL CLAIMS	, solution ()	(Column 2)	TYPE		OR SM	ALL ENTIT
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			+140=		OR +280	
* If the difference in column 1 i	s less than zero, enter "	0" in column 2	TOTAL	<del></del>		<u> </u>
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f the entry in column 1 is less than the en	try in column 2 write "a" i	luma 2	+140=	OR	+280=	ŀ
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he "Highest Number Previously Paid For	" (Total or Independent) is the	in 3, enter "3," ; highest number four	nd in the appropri	ate box in colun	nn 1.	
PTO-875 (P.ev. 1/03)						.

Application or Docket Number